

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2882

FILED JAN 26 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

State File No. 330  
Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3400 South Grand Blvd.		d. STREET ADDRESS 3400 South Grand Blvd. 16	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) L. c. (Last) PHELAN		4. DATE OF DEATH (Month) (Day) (Year) January 11, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH February 17, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY none	
11a. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John T. Phelan		13b. MOTHER'S MAIDEN NAME Johanna Murphy	
14. NAME OF HUSBAND OR WIFE Martha Phelan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none, unknown) No None	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Margaret L. Phelan, 4300 Lindell Bl.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis General b. Senility c. Hypertrophic Prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) Hypertrophic Prostate II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 610X	
22. I hereby certify that I attended the deceased from 1951, 1951, 1951, that I last saw the deceased alive on 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Doctor or title)		23b. ADDRESS 610X	
23c. DATE SIGNED 1/12/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-15-51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock, 2117 E. Grand Blvd.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 12 1951		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Stock, 2117 E. Grand Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Frank A. Moore*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.